		FOR OHF USE					

LL1

2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038893

Facility Name: Center Home for Hispanic Elderly

Address: 1401 N. California (Number) Chicago (City) 60622 (Zip Code)

County: Cook

Telephone Number: 773-7828700 **Fax #** 773-2760465

IDPA ID Number: 36-3527934001

Date of Initial License for Current Owners: 02/18/1982

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL		
	Charitable Corp.		Individual		State		
	Trust		Partnership		County		
IRS Exemption Code	501c(3)		Corporation		Other		
			"Sub-S" Corp.				
			Limited Liability Co.				
			Trust				
			Other				

In the event there are further questions about this report, please contact:
Name: Dan Malone **Telephone Number:** 708-3612151

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2003 to June 30,2004 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Catalina Soto
(Title) Administrator

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title) Daniel L. Malone, Sole Proprietor
(Firm Name & Address) DLM Financial Advisory Services, 133 S. Old Creek Rd. Palos Park, IL. 60464
(Telephone) 708-3612151 Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: 7/1/2003 Ending: 6/30/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	98	Skilled (SNF)	98	35,700	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	21,170	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	156	TOTALS	156	56,870	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	16,579	127	1,626	18,332	8
9	SNF/PED					9
10	ICF	30,545	233	2,997	33,775	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,124	360	4,623	52,107	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.62%

D. How many bed-hold days during this year were paid by Public Aid?
664 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 02/18/1982

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 1980 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 44 and days of care provided 64

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	309,347	11,451	10,451	331,249		331,249	7,213	338,462			1
2	Food Purchase		227,440		227,440		227,440		227,440			2
3	Housekeeping	44,674	32,312		76,986		76,986	1,535	78,521			3
4	Laundry	86,135	49,901		136,036		136,036		136,036			4
5	Heat and Other Utilities			138,054	138,054		138,054	17,159	155,213			5
6	Maintenance	95,485	7,291	135,574	238,350		238,350	65,360	303,710			6
7	Other (specify):*											7
8	**TOTAL General Services**	535,641	328,395	284,079	1,148,115		1,148,115	91,268	1,239,383			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,882,308	165,384	192,109	2,239,801		2,239,801		2,239,801			10
10a	Therapy	140,260		11,227	151,487		151,487		151,487			10a
11	Activities	85,320	2,436		87,756	1,396	89,152		89,152			11
12	Social Services	48,818			48,818		48,818		48,818			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* Resident Transportation			2,247	2,247		2,247		2,247			15
16	**TOTAL Health Care and Programs**	2,156,706	167,820	205,583	2,530,109	1,396	2,531,505		2,531,505			16
	C. General Administration											
17	Administrative	234,936		408,360	643,296		643,296	(368,929)	274,367			17
18	Directors Fees											18
19	Professional Services			113,023	113,023	(1,396)	111,627	3,191	114,818			19
20	Dues, Fees, Subscriptions & Promotions			13,340	13,340		13,340		13,340			20
21	Clerical & General Office Expenses	159,698	27,722	28,472	215,892		215,892	219,137	435,029			21
22	Employee Benefits & Payroll Taxes			716,017	716,017		716,017	52,716	768,733			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,535	5,535		5,535		5,535			24
25	Other Admin. Staff Transportation			278	278		278		278			25
26	Insurance-Prop.Liab.Malpractice			110,461	110,461		110,461	18,373	128,834			26
27	Other (specify):* Vehicle Expense			10,690	10,690		10,690		10,690			27
28	**TOTAL General Administration**	394,634	27,722	1,406,176	1,828,532	(1,396)	1,827,136	(75,511)	1,751,625			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,086,981	523,937	1,895,838	5,506,756		5,506,756	15,757	5,522,513			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Center Home for Hispanic Elderly #0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			142,725	142,725		142,725	45,535	188,260			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			60,763	60,763		60,763	7,182	67,945			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			203,488	203,488		203,488	52,717	256,205			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			86,112	86,112		86,112		86,112			42
43	Other (specify):* **Fines and Bad Debts**			59,862	59,862		59,862	(59,862)				43
44	**TOTAL Special Cost Centers**			145,974	145,974		145,974	(59,862)	86,112			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,086,981	523,937	2,245,300	5,856,218		5,856,218	8,612	5,864,830			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(497)	P4L32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(6,582)	P4L42		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(53,280)	P4L42		24
25	Fund Raising, Advertising and Promotional	(3,032)	P3L21		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Executive Director Salary	(41,996)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (105,387)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	114,000		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 114,000		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 8,612		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.	x		$ Only for IDPA		38
39				Pending Patients		39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Center Home for Hispanic Elderly

ID# 0038893

Report Period Beginning: July 1, 2003

Ending: June 30,2004

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 **Report Period Beginning:** July 1, 2003 **Ending:** June 30,2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	114,000	0	0	0	0	0	0	0	0	0	114,000	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	114,000	0	0	0	0	0	0	0	0	0	114,000	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	114,000	0	0	0	0	0	0	0	0	0	114,000	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 **Report Period Beginning:** July 1, 2003 **Ending:** June 30,2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	0	114,000	0	0	0	0	0	0	0	0	0	114,000	45

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
None A 501c(3) organization	None			Padres Corporation	Chicago	Social Services

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	Other Administrative Expense	$ 408,360	Padres Corporation	0.00%	$ 522,360	$ 114,000	1
2	V				Please Refer to Page 25 for The Allocation Process				2
3	V				And Related Documentation				3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 408,360			$ 522,360	$ * 114,000	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	None								$		1
2	Please Refer To Page 8										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: ne 30,2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Casa Central Padres Corporation
Street Address: 1343 N. California
City / State / Zip Code: Chicago, IL. 60622
Phone Number: (773-6452300
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		Please refer to page 25 for details of the cost allocation.				$	$		$	1
2			Total Operating Costs	2	2				0	2
3										3
4	Line 6	Salaries-Maintenance							46,727	4
5	Line 17	Salaries-Administrative							81,427	5
6	Line 21	Salaries- Clerical							156,636	6
7	Line 22	Fringe Benefits							52,716	7
8	Line 5	Utilities							17,159	8
9	Line 6	Maintenance Supplies							18,633	9
10	Line 19	Professional Fees							3,191	10
11	Line 21	Office Supplies, Telephone, Postage							65,533	11
12	Line 26	Insurance							18,373	12
13	Line 30	Depreciation Expense							45,535	13
14	Line 32	Interest Expense							7,679	14
15	Line 1	Dietary							7,213	15
16	Line 3	Housekeeping							1,537	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 522,360	25

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Harris Bank		x	Mortgage		08/04/03	$	$ 266,137		5.0000	$ 6,324	1
2	Washington Square			Permanent Loan				34,989			2,567	2
3												3
4												4
5												5
	Working Capital											
6	Harris Bank		x	Working Capital		08/04/03		316,334		Variable	15,553	6
7												7
8												8
9	TOTAL Facility Related						$	$ 617,460			$ 24,444	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$ 617,460			$ 24,444	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** None **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	Not Appicable	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$		2
3. Under or (over) accrual (line 2 minus line 1).	$	Not Applicable	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)	$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	Not Applicable	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	None	8
	2000	None	9
	2001	None	10
	2002	None	11
	2003	None	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1200.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Center Home for Hispanic Elderly COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038893

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,149 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	55,145	1981	$ 45,000	1
2					2
3	TOTALS	55,145		$ 45,000	3

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	149		1981		$ 255,000	$ 10,200	25	$ 10,200	$	$ 229,500	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Improvements			1982	2,251	90	25	90		2,025	9
10	Fire Sprinkler, Windows and Other Items			1983	205,573	8,223	25	8,223		176,792	10
11	Fire alarms,Wheelchair ramp and Other Items			1985	41,435	1,657	25	1,657		33,118	11
12	Elevator,Nurse's station and Rear Stairway			1986	236,110	9,444	25	9,444		174,720	12
13	Door, Carpeting and Air conditioning lines			1988	1,153	46	25	46		761	13
14	New Roog and Tuckpointing			1990	38,398	2,560	15	2,560		35,839	14
15	Heating, Fire alarms and Other Equipment			1984	72,587	2,904	25	2,904		59,523	15
16	Elevator Repair and Tuckpointing			1992	10,325	688	15	688		8,316	16
17	Elevator Repair and Tuckpointing			1993	67,891	4,527	15	4,527		50,898	17
18	Improvements			1994	44,641	2,976	15	2,976		31,568	18
19	Elevator Repairs and Roof Repairs			1995	42,324	2,822	15	2,822		27,542	19
20	Front Door			1995	11,843	789	15	789		7,690	20
21	Electrical Improvements			1995	213,730	14,289	15	14,289		142,607	21
22	Boiler Repairs			1995	15,681	1,045	15	1,045		9,871	22
23	Water Heater			1995	2,025	135	15	135		1,339	23
24	Plumbing Repairs			1995	1,550	103	15	103		1,307	24
25	Laundry and Kitchen Repairs			1996	10,500	700	15	700		6,186	25
26	4th Floor Construction			1996	10,300	687	15	687		5,985	26
27	Boiler Repairs			1996	2,180	145	15	145		1,283	27
28	Electric Upgrade			1996	895	60	15	60		498	28
29	Kitchen Repairs			1997	4,200	280	15	280		718	29
30	Elevator Repairs			1997	23,440	1,563	15	1,563		5,729	30
31	Electrical Repairs			1997	6,985	466	15	466		3,535	31
32	Install New Doors			1997	1,675	112	15	112		811	32
33	Boiler Repairs			1997	3,573	238	15	238		1,726	33
34	Rewire Kitchen and Sump pumps			1991	41,225	2,748	15	2,748		35,729	34
35	Airconditioning Lines			1989	2,696	108	15	108		1,672	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Bathroom Remodeling	1998	$ 96,661	$ 6,444	15	$ 6,444	$	$ 41,787	37
38	Elevator Repair	1998	3,000	200	15	200		1,283	38
39	Laundry Pumps	1998	4,422	294	15	294		1,877	39
40	Electrical Work	1998	31,052	2,070	15	2,070		12,810	40
41	Airconditioner	1998	933	62	15	62		388	41
42	Kitchen Work	1998	3,903	260	15	260		1,582	42
43	Boiler Repairs	1998	1,875	125	15	125		760	43
44	Dampers	1998	6,220	415	15	415		2,524	44
45	Doors and Frames	1998	20,263	1,350	15	1,350		5,151	45
46	Building Improvements:Electrical Transfer Switches	1999	9,591	639	15	639		3,729	46
47	Kitchen Fire Extinguishing System	1999	1,500	100	15	100		583	47
48	Toaster Wiring	1999	1,370	91	15	91		517	48
49	Baseboard Radiators	1999	1,000	67	15	67		368	49
50	Baseboard Radiators	1999	800	53	15	53		292	50
51	Electrical Transfer Switches	1999	3,599	233	15	233		1,243	51
52	Access Panels	1999	3,125	208	15	208		1,110	52
53	Access Panels	1999	1,025	68	15	68		352	53
54	Fire Dampers	1999	1,550	103	15	103		532	54
55	Roof Repairs	1999	1,000	67	15	67		345	55
56	Roof Repairs	1999	1,000	67	15	67		345	56
57	Water Heater	1999	3,490	233	15	233		1,164	57
58	Electrical Repairs	1999	2,443	162	15	162		812	58
59	Exit Signs	1999	1,089	73	15	73		352	59
60	Water Heaters	1999	1,490	99	15	99		446	60
61	Metal Fencing	1999	1,000	67	15	67		334	61
62	Metal Fencing	1999	800	53	15	53		265	62
63	Replace Handrails	1999	26,000	1,733	15	1,733		7,510	63
64	Upgrade Telephone System	1999	3,772	251	15	251		1,088	64
65	Boiler and Gas Line Replacement and Repair	1999	3,990	266	15	266		1,330	65
66	Emergency System Upgrade	1999	3,440	229	15	229		1,145	66
67	Boiler Repairs	1999	2,977	198	15	198		1,090	67
68	Dairy Compressor and Stairway Lights	2000	7,204	480	15	480		2,285	68
69	Computer Wiring	2000	4,958	330	15	330		1,696	69
70	TOTAL (lines 4 thru 69)		$ 1,626,728	$ 86,695		$ 86,695	$	$ 1,154,383	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,626,728	$ 86,695		$ 86,695	$	$ 1,154,383	1
2	Water Heater	2000	6,980	465	15	465		2,054	2
3	Floor Tile	2000	258	16	15	16		124	3
4	Kitchen Rehab	2000	4,286	348	15	348		2,028	4
5	Handrails	2000	13,500	900	15	900		3,825	5
6	Roof Repairs	2000	27,600	1,840	15	1,840		7,820	6
7	Emergency Generator	2000	64,267	4,284	15	4,284		17,850	7
8	Roof Repairs	2000	28,000	1,867	15	1,867		7,624	8
9	Sump Pumps	2001	4,750	316	15	316		1,213	9
10	Alarm System	2001	2,776	185	15	185		694	10
11	Handrails	2001	12,132	809	15	809		2,966	11
12	Windows	2001	2,300	153	15	153		498	12
13	Water Tank	2001	5,452	363	15	363		1,272	13
14	Tank Removal	2001	9,510	634	15	634		2,109	14
15	Windows	2001	3,560	237	15	237		870	15
16	Tuckpointing	2001	900	60	15	60		190	16
17	Handrails and Architectual Fees	2001	5,163	344	15	344		1,061	17
18	Electrical Wiring	2001	1,153	77	15	77		237	18
19	Disposal Valve	2001	400	27	15	27		83	19
20	Emergency Generator Install Wiring	2001	550	37	15	37		113	20
21	Boiler	2001	4,429	295	15	295		910	21
22	Floor Tile	2001	512	34	15	34		105	22
23	Selector Unit for Building Elevator	2001	5,200	347	15	347		1,069	23
24	Generator and Tank Removal	2001	2,000	133	15	133		411	24
25	Sewerage Pump	2001	2,710	181	15	181		557	25
26									26
27	Roof Repairs	2001	1,927	128	15	128		385	27
28	Kitchen Plumbing	2001	1,500	100	15	100		258	28
29	Fire Rated Door	2002	1,800	120	15	120		300	29
30	Elevator Repairs	2001	21,440	1,429	15	1,429		4,168	30
31	Boiler Repairs	2001	3,313	221	15	221		607	31
32	New Boiler	2002	3,300	220	15	220		532	32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,868,396	$ 102,865		$ 102,865	$	$ 1,216,316	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 1,868,396	$ 102,865		$ 102,865	$	$ 1,216,316	1
2	Elevator Repair	2002	10,000	667	15	667		1,556	2
3	Fire Alarms and Exit Signs	2002	7,208	481	15	481		1,121	3
4	Electrical Work Laundry	2002	1,839	123	15	123		409	4
5	Building Elevator Repair	2002	1,340	89	15	89		290	5
6	New Elevator Motor	2003	15,000	1,000	15	1,000		2,000	6
7	Doors	2003	59,850	3,990	15	3,990		6,598	7
8	Architectual Fees for Improvements	2003	4,500	300	15	300		575	8
9	Grease Trap and Boiler	2003	3,385	226	15	226		282	9
10	Tuckpointing	2003	6,800	283	15	283		566	10
11	Plumbing and Tile	2004	9,800	653	15	653		653	11
12	Fire Alarms and Exit Signs	2004	4,868	325	15	325		325	12
13	Bathroom Rehab	2004	742	45	15	45		45	13
14	Electrical Repair Kitchen	2004	1,600	89	15	89		89	14
15	Replace Doors	2004	4,492	250	15	250		250	15
16	New Sidewalk	2004	305	17	15	17		17	16
17	Building Infrastructure	2004	13,820	42	15	42		42	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,013,945	$ 111,445		$ 111,445	$	$ 1,231,134	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 180,273	$	$	$	7	$ 113,929	71
72	Current Year Purchases	67,024	5,089	5,089		7	5,089	72
73	Fully Depreciated Assets	251,684				7	251,684	73
74								74
75	TOTALS	$ 498,981	$ 5,089	$ 5,089	$		$ 370,702	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,557,926	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 116,534	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 116,534	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,601,836	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	Building Improvements	$ 73,752	92
93			93
94			94
95		$ 73,752	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Not Applicable

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ ____ Description: ____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [x] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Line 10 col 3	hrs	$	3	$ 412	$	3	$ 412	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs		18	1,874		18	1,874	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	21	$ 2,286	$	21	$ 2,286	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XV. BALANCE SHEET - Unrestricted Operating Fund. As of June 30,2004 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 309,103	$	1
2	Cash-Patient Deposits	22,463		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 151,323)	608,158		3
4	Supply Inventory (priced at)	22,683		4
5	Short-Term Investments			5
6	Prepaid Insurance	167,654		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	3,182,733		8
9	Other(specify): Employee Advances	1,753		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,314,547	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	45,000		13
14	Buildings, at Historical Cost	255,000		14
15	Leasehold Improvements, at Historical Cost	1,847,507		15
16	Equipment, at Historical Cost	498,981		16
17	Accumulated Depreciation (book methods)	(1,598,265)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Work In Progress	8,500		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,056,723	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,371,270	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 307,363	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	22,150		28
29	Short-Term Notes Payable	351,323		29
30	Accrued Salaries Payable	240,305		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other Accrued Expenses	81,577		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,002,718	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	266,137		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Accounts Payable Related Parties	3,529,487		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 3,795,624	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,798,342	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 572,928	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,371,270	$	48

***(See instructions.)**

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 294,563	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 294,563	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	278,365	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 278,365	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 572,928	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,496,713	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,496,713	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions	637,337	24
25	Interest and Other Investment Income***	36	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 637,373	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Other Revenue**	497	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 497	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,134,583	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,148,115	31
32	Health Care	2,530,109	32
33	General Administration	1,828,532	33
	B. Capital Expense		
34	Ownership	203,488	34
	C. Ancillary Expense		
35	Special Cost Centers	59,862	35
36	Provider Participation Fee	86,112	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,856,218	40
41	**Income before Income Taxes (line 30 minus line 40)****	278,365	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 278,365	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,374	1,886	$ 77,458	$ 41.07	1
2	Assistant Director of Nursing	1,791	1,894	51,247	27.06	2
3	Registered Nurses	14,391	15,078	427,827	28.37	3
4	Licensed Practical Nurses	18,446	21,169	430,397	20.33	4
5	Nurse Aides & Orderlies	82,534	93,437	842,942	9.02	5
6	Nurse Aide Trainees					6
7	Licensed Therapist			46,050		7
8	Rehab/Therapy Aides	9,203	11,198	94,210	8.41	8
9	Activity Director	1,992	2,206	28,633	12.98	9
10	Activity Assistants	6,832	7,745	56,687	7.32	10
11	Social Service Workers	2,387	2,681	48,818	18.21	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	7,189	7,922	69,249	8.74	14
15	Cook Helpers/Assistants	12,670	13,940	103,265	7.41	15
16	Dishwashers	12,122	13,104	136,833	10.44	16
17	Maintenance Workers	6,960	7,904	95,485	12.08	17
18	Housekeepers	4,894	5,523	44,674	8.09	18
19	Laundry	9,198	10,543	86,135	8.17	19
20	Administrator	2,024	2,400	128,995	53.75	20
21	Assistant Administrator	1,912	2,056	63,945	31.10	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,411	14,909	159,698	10.71	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,442	4,162	52,437	12.60	31
32	Other Health Care(specify)					32
33	Other(specify) Executive Dir.	695	722	41,996	58.17	33
34	TOTAL (lines 1 - 33)	213,467	240,479	$ 3,086,981 *	$ 12.84	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 10,451		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 10,451		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,338	$ 60,217	Line 10 col3	50
51	Licensed Practical Nurses	2,995	119,789	Line 10 col3	51
52	Nurse Aides		418	Line 10 col3	52
53	TOTAL (lines 50 - 52)	4,333	$ 180,424		53

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
C. Soto	Administrator	0	$ 85,383
G. Torres	Administrator	0	43,612
G. Stoka	Asistant Adm.	0	45,863
A. Alvarez	President/CEO	0	41,996
C. Soto	Asistant Adm.	0	18,082
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 234,936

B. Administrative - Other

Description	Amount
Padres Corporation Administrative Services	$ 408,368
TOTAL (agree to Schedule V, line 17, col. 3)	$ 408,368
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Year End Accrual	Audit Fiscal 04	$ 25,000
See Attached schedule page 26		83,949
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 108,949

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 237,908
Unemployment Compensation Insurance	42,211
FICA Taxes	244,656
Employee Health Insurance	159,079
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Life Insurance	3,830
Employee Disability Insurance	5,563
Medical Exams	2,876
Employee Recognition Awards	979
TOTAL (agree to Schedule V, line 22, col.8)	$ 697,102

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,000
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Retail Food Licensee	300
Life Services Network	7,382
Sam's Club	60
Geraldine Stroka Admin License	260
Westside Coalition for Seniors	85
Secretary of State Corp Filing Fee	5
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 9,092

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Administrator Seminars	2,198
Medicare Seminar	800
MDS Seminar	580
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,578

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,2004

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2003 Ending: June 30,200

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **16,794** Line **Line 10**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease. **No**

(9) Are you presently operating under a sublease agreement? YES **x** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for
Schedule VII)? YES NO **x** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department
of Public Aid during this cost report period. $
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department of Public Aid, in addition to the daily rate, been properly classifiec
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **None** Has any meal income been offset against
related costs? **None** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **?**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report?
g. Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such
transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **FPT&W Ltd.** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **No** If no, please explain. **Audit is not completed.**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Padres Corporation
Supporting Information for Schedule VII Section B
Allocation of Expense to Center Home
Fiscal Year End June 30,2004

Description	Amount	Allocation Percentage	Expense Allocated	Cost Report Reference	Total By Line #	
Accounting and Auditing	4,071	31%	1,279	Page 3 Line 19 Col.7		
Legal Assistance	6,088	31%	1,912	Line 19 Col.7	3,191	Line 19
Temporary Help	216	31%	68	Line 21 Col.7		
Software Maintenance	4,400	31%	1,382	Line 21 Col.7		
Computer Services	28,310	31%	8,893	Line 21 Col.7		
Office Supplies	32,004	31%	10,053	Line 21 Col.7	65,533	Line 21
Food Staff	22,963	31%	7,213	Line 1 Col.7	7,213	Line 1
Computer Supplies	28,487	31%	8,949	Line 21 Col.7		
Cleaning Supplies	4,886	31%	1,535	Line 3 Col.7	1,535	Line3
Postage and Shipping	14,110	31%	4,432	Line 21 Col.7		
Telephone	101,092	31%	31,756	Line 21 Col.7		
Scavenger	3,412	31%	1,072	Line 6 Col.7	18,633	Line 6
Property and Liability Insurance	58,489	31%	18,373	Line 26 Col.7	18,373	Line 26
Utilities	54,625	31%	17,159	Line 5 Col.7	17,159	Line 5
Building Repair and Maintenance	40,684	31%	12,780	Line 6 Col.7		
Equipment Repair and Maintenan	15,221	31%	4,781	Line 6 Col.7		
Interest Expense	24,445	31%	7,679	Page 4 Line 30 Col.7	7,679	Line 32
Depreciation Expense	144,956	31%	45,535	Line 32 Col.7	45,535	Line 30
Fringe Benefits	404,645	4%	16,796	Line 22 Col.7		
Payroll Taxes	865,378	4%	35,920	Line 22 Col.7	52,716	Line 22
Total Expense Allocated Excluding Salaries And Related Expenses			**237,569**		237,569	
Salary Expense						
Facilities Services			46,727	Page 3 Line 6	46,727	
Accounting Department			104,335	Line 21		
Human Resources			33,377	Line 21		
Purchasing Department			18,925	Line 21	156,636	
Administrative Services			57,304	Line 17		
Over 55 Program			24,123	Line 17	81,427	
Total Salary Expense			284,790		284,790	
Total Allocated Expenses			**522,360**		**522,359**	

Center Home for Hispanic Elderly
Supporting Detail for
Page 21 Section C

Vendor	Description	Amount
Stone,McGuire and Benjamin	Legal Fees	4,891
Di Monte & Lizak	Legal Fees	1,676
Reverand Arturo Hernandez	Minister	200
Quality Care	Activity Consulting	576
Raquel Pena	Beautician	620
ADP	Payroll Procesiing	10,709
HDSI	Accounts Receivable Processing	5,500
Fortney Glen	Mis Co	900
Guy Unabla	Personnel Placement	12,000
Magaret Chizet	Elopment Training	335
Accumed	Data Processing	7,126
UHC	Data Processing for Accounting	1,325
Mike Fillipo	Medicare Consultant	30,400
DLM Financial Advisory Services	Accounting	3,001
Micheal Anderson	Accounting	800
PTW	Audit	3,890
Total		83,949

Supporting Detail
Page 2 Section III B
2004 Financial and Statistical Report for Longterm Care Facilities

Allocation of Patient Days by Level of Care			Total SNF Days	Total ICF Days	Total Days
			17,789	32,775	50,564
Total Patient Days Reported by Payor Type	Ratio		35.18%	64.82%	100.00%
	Days	% of Total			
Public Aid	47,124	90.44%	16,579	30,545	47,124
Private	360	0.69%	127	233	360
Other	4,623	8.87%	1,626	2,997	4,623
Total Days	52,107	100.00%	18,332	33,775	52,107